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| PICK-UP WAIT MAIL |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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COVER LETTER

| TSS Offi | ce LLC | | | | |
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| SOBJECT. | Name of Lin | nited Liability Company | | | |
| | | | | | |
| The enclosed Articles of | of Amendment and fee(s) are sub | omitted for filing. | | | |
| Please return all corres | pondence concerning this matter | to the following: | | | |
| | Alfredo D Xiques | | | | |
| | | Name of Person | | | |
| | Garcia & Xiques, PA | | | | |
| | | Firm/Company | | | |
| | 2950 SW 27 Ave, Suite 10 | 00 | | | |
| | Address | | | | |
| | Miami, FL 33133 | | | | |
| | axiques@rptgfla.com | City/State and Zip Code | | | |
| | E-mail address: (| to be used for future annual report notif | ication) | | |
| For further information | concerning this matter, please c | all: | | | |
| Alfred Xiques | | 305 358-4800 at () | | | |
| Name | of Person | at () | Telephone Number | | |
| Enclosed is a check for | the following amount: | | | | |
| ■ \$25.00 Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | □ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) | | |
| _ | | | | | |

MAILING ADDRESS:

TO:

Registration Section Division of Corporations

> Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FI. 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TSS Office LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 1/3/2019 and assigned Florida document number L19000006282 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: TSS Phase II LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.L.C." or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address _, Florida __

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
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| (If an e Note: | tive date, if other than the date of filing: [Coptional] [Fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 ([If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ment's effective date on the Department of State's records. |
| the re) Th | cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: a 90th day after the record is filed. |
| Dated | August 21 . 2019 |
| | Signature of a member or authorized representative of a member |
| | Alfredo D Xiques, Authorized Representative |

Page 3 of 3

Filing Fee: \$25.00